

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: CS/HB 1463 Crisis Stabilization Units
SPONSOR(S): Health & Human Services Committee; Hudson and others
TIED BILLS: **IDEN./SIM. BILLS:** HB 673, SB 1052

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Health & Human Services Access Subcommittee	13 Y, 0 N	Batchelor	Schoolfield
2) Health & Human Services Committee	16 Y, 0 N, As CS	Batchelor	Gormley

SUMMARY ANALYSIS

The bill amends s. 394.875, F.S., by directing the Department of Children and Families (DCF) to implement a demonstration project in Circuit 18 which includes Brevard and Seminole Counties. DCF is directed to authorize the existing public and private crisis stabilization units in Circuit 18 to expand to up to 50 beds. The pilot project is to determine the impact this expansion would have on the availability of crisis stabilization services to clients.

This bill appears to have no fiscal impact.

The bill provides an effective date of July 1, 2011.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Background

Crisis Stabilization Units (CSU's)

A Crisis Stabilization Unit (CSU) provides assessment stabilization and treatment of individuals who are experiencing a mental health crisis.¹ Individuals who are involuntarily or voluntarily committed under the Baker Act may be evaluated in a CSU. The Department of Children and Families (DCF) designates both private and public facilities (CSUs) as Baker Act Receiving Facilities and has the authority to withdraw or suspend such designation.² CSUs provide service to both adults and children and are licensed by the Agency for Health Care Administration.

CSU Capacity and Usage Rates

There are currently 45 adult CSUs which include 872 beds and 21 children's CSUs which include 219 beds.³ On average an individual stays 4.57 days in a CSU bed, with adults staying longer than children. Current law limits the maximum size of an individual CSU to 30 beds.⁴ DCF reports that during fiscal year 2008-2009, CSU's for adult's averaged 84% bed capacity utilized statewide.⁵

DCF rule 65E-12.104(8), FAC, provides a guideline for planning CSU bed capacity of 10 beds per 100,000 people. Based on this formula, Florida should have 1,842 beds but currently has 1,091 statewide.⁶ DCF reports that it is not uncommon for CSUs to be at their 30 bed capacity limit.⁷ When this occurs, hospital emergency rooms are unable to access local CSU beds and individuals may be held longer than necessary in emergency rooms awaiting psychiatric evaluation and treatment.⁸

DCF provides CSU funding on a per bed basis and contracts for only a certain number of beds per facility.⁹ All clients who come to a CSU are treated, regardless of their ability to pay for services.¹⁰ The average cost per CSU bed day was \$438.03 for both children and adults in FY 2008-2009.¹¹

The Baker Act

Chapter 394, Part I, Florida Statutes is the Florida Mental Health Act also known as "The Baker Act." This section provides authority and process for the voluntary and involuntary examination of persons with evidence of a mental illness and the subsequent inpatient or outpatient placement of individuals for treatment. The Department of Children and Families (DCF) administers this portion of the Baker Act through Baker Act receiving facilities (which include Crisis Stabilization Units) to provide for the examination of persons with evidence of a mental illness.¹²

¹ s. 394.875(1)(a)

² s. 394.461, F.S.

³ Crisis Stabilization Units, Crisis System Capacity Summary 3/4/2011, Department of Children and Families, email attachment from Jackie Beck, dated 3-4-2011.

⁴ s. 394.875(1)(a)

⁵ DCF Bill Analysis HB 673 (2/17/2011)

⁶ Crisis Stabilization Units, Crisis System Capacity Summary 3/4/2011, Department of Children and Families, email attachment from Jackie Beck, dated 3-4-2011

⁷ DCF Bill Analysis HB 673 (2/17/2011)

⁸ Id.

⁹ DCF Annual Report 2008-2009, Bed use in Public Receiving Facilities and Treatment Facilities.

¹⁰ s. 394.875, (1)(a) F.S.

¹¹ DCF Annual Report 2008-2009, Bed use in Public Receiving Facilities and Treatment Facilities

¹² s. 394.455(26), F.S.

Effect of Proposed Changes

The bill directs the Department of Children and Families (DCF) to implement a demonstration project in Circuit 18 which includes Brevard and Seminole Counties. DCF is directed to authorize the existing public and private crisis stabilization units in Circuit 18 to expand to up to 50 beds. The pilot project is to determine the impact this expansion would have on the availability of crisis stabilization services to clients.

B. SECTION DIRECTORY:

Section 1: Amends s. 394.875, F.S., as it relates to crisis stabilization units.

Section 2: Provides an effective date of July 1, 2011.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None

2. Expenditures:

None

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None

2. Expenditures:

None

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None

D. FISCAL COMMENTS:

None

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not applicable. This bill does not appear to affect county or municipal governments.

2. Other:

None

B. RULE-MAKING AUTHORITY:

None

C. DRAFTING ISSUES OR OTHER COMMENTS:

None

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

On April 25, 2011, the Health and Human Services Committee adopted one amendment to House Bill 1463.

The amendment provides that DCF is to implement a demonstration project in Circuit 18, to assess the impact of increasing bed capacity on the availability of crisis stabilization services. Existing Crisis Stabilization Units in Circuit 18 are permitted to increase their CSU bed capacity from 30 to up to 50 beds.

The bill was reported favorably as a Committee Substitute. This analysis reflects the Committee Substitute.